

APPLICATION FOR REIMBURSEMENT OF EXPENSES INCURRED AS A RESULT OF THE EXTENSION OF 172d SBCT (AFR)

PART I - TO BE COMPLETED BY APPLICANT

1. NAME OF SOLDIER (Last, First)	2. SSN	3. RANK/GRADE	4. NAME OF APPLICANT (Last, First)	5. RELATION TO SOLDIER
6. SOLDIER'S UNIT (Company Level Unit)		7. APPLICANT'S MAILING ADDRESS		12. IF WRITTEN AUTHORIZATION IS REQUIRED, WHAT TYPE IS PROVIDED? Written Designation <input type="checkbox"/> POA <input type="checkbox"/> N/A <input type="checkbox"/>
8. SOLDIER'S AKO E-MAIL ADDRESS		9. APPLICANT'S E-MAIL ADDRESS		13. AMOUNT REQUESTED (USARAK Form B, Block 10)
10. SOLDIER'S TELEPHONE NUMBER (If available)		11. HOME TELEPHONE NUMBER		

14. CIRCUMSTANCES OF THE REQUESTED REIMBURSEMENT (explanation must be more than "due to 172d SBCT extension"; attach continuation sheet if necessary).

14a. DID YOU ATTEMPT ANY TYPE OF REIMBURSEMENT OR REFUND FOR THIS EXPENSE?	YES		NO	
14b. DO YOU EXPECT TO RECEIVE ANY REIMBURSEMENT/REFUND FOR ANY EXPENSE OTHER THAN THROUGH THIS PROCESS?	YES		NO	
14c. HAVE YOU SOLD ANY ITEMS THAT YOU HAVE HAD TO REPURCHASE?	YES		NO	

15. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY APPLICATION FOR REIMBURSEMENT (AFR):
 A fraudulent claim is punishable by the Department of Justice or the Uniform Code of Military Justice. I understand that if any information I provide, as part of my Application for Reimbursement, is false, I can be prosecuted.
 I have not received a full reimbursement from any source whatsoever for the items which I currently seek reimbursement. If I have received any partial reimbursement for the items which I currently seek reimbursement, I have clearly noted this in paragraph 15 of this form.
 If I receive any future payment or future reimbursement from any source whatsoever for any item for which I receive payment through this reimbursement process, I understand that I have an obligation to report that future payment to this office or the Fort Wainwright Legal Center.

16. SIGNATURE OF APPLICANT	17. DATE SIGNED
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TO BE COMPLETED BY REIMBURSEMENT OFFICE

18. IF NEEDED, IS WRITTEN DESIGNATION OR POA FROM SOLDIER TO APPLY FOR REIMBURSEMENT ATTACHED TO APPLICATION?										YES		NO		N/A	
19. REIMBURSEMENT CATEGORY		A		B		C		D		E		F		G	20. APPLICATION #
21. SIGNATURE OF INTAKE PERSONNEL										22. DATE SIGNED					

PART II - RECOMMENDATIONS OF THE RRB

23. AMOUNT RECOMMENDED TO BE AWARDED			24. AMOUNT RECOMMENDED TO BE DENIED (if applicable)		
BOARD MEMBER		BOARD MEMBER		BOARD MEMBER	
DATE SIGNED		DATE SIGNED		DATE SIGNED	

PART III - ACTION BY THE STAFF JUDGE ADVOCATE

AMOUNT AWARDED	AMOUNT DENIED (if applicable)	AMOUNT FORWARDED TO USARCS FOR ACTION (if applicable)
STAFF JUDGE ADVOCATE		DATE SIGNED

PART IV - AUTOMATIC FORWARDING TO USARCS (if applicable)

AMOUNT AWARDED BY CDR USARCS	AMOUNT DENIED BY CDR USARCS	AMOUNT FORWARDED TO SECRETARY OF THE ARMY (if applicable)
USARCS COMMANDER		DATE SIGNED

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721 and EO 9397, November 1943 (SSN), and Secretary of the Army Memorandum authorizing Reimbursement of Certain Expenses, dated 27 October 2006.

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of applications for reimbursement.

ROUTINE USES:

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of applicant in order to assure payment to the proper applicant and avoid duplication of applications for reimbursement.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the application for reimbursement.